



PSYCHO-SOCIAL INTERVENTIONS FOR EFFECTIVE RELAPSE PREVENTION – A QUALITATIVE ANALYSIS

G. P. Kaviya Priya¹, Rachel Roshan², Dr. S. Joyce Jeyarani³

¹ II MSW, Madurai Institute of Social Sciences, Madurai

² II MSW, Madurai Institute of Social Sciences, Madurai

³ Assistant Professor, Madurai Institute of Social Sciences, Madurai

ABSTRACT

Relapse prevention is one of the important phase of alcohol or narcotic dependent once he got recovered from the dependence on it such substances. Effective strategies can help a recovered substance dependent from relapse. By using Explanatory research design, qualitative analysis was done using Focused Group Discussion and Case studies done at De-addiction centre in Madurai. The researcher used Focused group script and case study questions for data collection. The structure interview schedule was used by the researcher. The collected data were presented in a Conative model of Mary Goodyear with the factors suggested by Kruger and Cassey (2000) for focused Group Discussion and Brian Budgell method of case presentation was done. The Psycho social intervention like removing psychological distress, using reframing and logical debating techniques of REBT, acceptance behavior, Self care, Home visits, monthly meetings for family members, NA or AA monthly meetings, Career goal setting, follow-up were found to be effective strategies in Relapse prevention. The researcher suggests adopting any of the psycho-social intervention methods that were found effective in relapse prevention found in the study.

KEYWORDS: Relapse Prevention, Psycho-Social Intervention, Effective Strategies.

INTRODUCTION

Relapse refers to a return of alcohol or other drug use, which someone has previously managed to control or quit completely. In a relapse the use of alcohol or other drugs goes back to previous levels of use, or close to this. Relapse prevention is an important part of substance abuse treatment. It helps individuals to better understand their triggers for relapse and develop strategies and approaches to manage those triggers more effectively. Relapse prevention also enables people to recognize the warning signs of relapse, which can help them, take action before a full-blown relapse occurs. The researcher wanted to identify effective strategies through qualitative research and to provide effective strategies for relapse prevention.

REVIEW OF LITERATURE

Michael R Hufford et. al., (2003) conducted a study on Relapse as a non-linear dynamic system: application to patients with alcohol use disorders. The study explains that one of the most critical areas of research in addictive behaviors is the understanding of the relapse process. The authors specifically suggest using catastrophe theory, a branch of nonlinear dynamical systems theory, to analyze the process of relapsing into addictive behaviors. The ability to predict relapse using the cusp catastrophe theory is demonstrated by two small prospective investigations that used 6-month follow-ups of individuals with alcohol use disorders (inpatient, n= 51; outpatient, n= 43). The findings of these investigations suggest that a cusp catastrophe model has greater predictive value than conventional linear models.

Cassandra Vieten, et. al., (2010) explored in their study on

“Development of an acceptance based coping intervention for alcohol dependence relapse prevention”. This study explains the creation of Acceptance-Based Coping for Relapse Prevention (ABCRP), a new intervention for alcoholics who have quit drinking within the last 6 months. As a result, a small uncontrolled pilot study (N = 23) found significant ($P = .01$) improvements in self-reported negative affect, emotional reactivity, perceived stress, positive affect, psychological well-being, and mindfulness level, as well as a trend ($p = 0.06$) towards reduction in craving severity between pre and post intervention assessments. The authors concludes that this acceptance-based

intervention appears viable and shows promise for increasing affect and minimizing relapse in alcoholics, necessitating additional research.

Katharina Engel et al (2016) conducted study on “The role of psychological distress in relapse prevention of alcohol addiction”. The purpose of this study was to determine whether psychological distress in alcohol-dependent patients could affect treatment outcomes during a follow-up period of five months following detoxification. All patients were detoxified when they entered the research and no longer had any withdrawal symptoms. A logistic regression was used to look at relapse predictors which resulted that it was discovered there was a substantial difference in the psychological distress experienced at the beginning of treatment between patients who kept sober and those who relapsed.

Kathleen M Carroll (1997) in her study “Relapse prevention as a psychosocial treatment: A review of controlled clinical

trials.” studied a brief overview of relapse prevention (RP) as a treatment for addictive behavior issues. RP therapy approaches are intended to educate patients coping skills in order to prevent relapses to alcohol or drug use, as well as to assist those who have relapsed in getting “back on track” in their recovery journey. The author notes in a review of over 25 randomized controlled trials of this technique that there is evidence for the effectiveness of RP compared to no-treatment control circumstances across substances of addiction, but most strongly for smoking cessation.

RESEARCH METHODOLOGY

Aim:

To qualitatively analyze the Psycho-Social Intervention for effective Relapse Prevention.

Objectives:

- To understand the socio-demographic profile of the respondents
- To analyze of the psycho-social intervention.
- To offer suggestions for effective relapse prevention

Pilot Study:

In the preparatory stage of the research, the pilot study was carried out to understand the feasibility of data which would result in an optimum outcome in the analysis of the research study. The researchers found out the possibility and feasibility of conducting the research.

Research Design:

The researchers adopted ‘Explanatory research Design’. To do analysis with recovered dependents on alcohols and narcotics about the psycho- social intervention given for relapse prevention and its effectiveness, Focused Group Discussion and Case studies were done.

Universe:

The recovered inmates at a particular de-addiction centre in Madurai were the respondents for the study.

Sampling and its Size:

The detoxified and recovered 10 inmates were included for Focused Group Discussion and 2 inmates who had multiple relapses were considered for case study analysis.

Pre-testing:

The content validity of the questions were based on the opinions of the experts in the field for both the focused Group script and the Case study questions to pose to the inmates during case study to attain the desired outcome of the study.

Tool for Data Collection:

a. Focused Group Discussions:

Focus Group Scripts - Structured Interview Schedule with open ended questions

b. Case studies:

Case Study Questions – Structures Interview Schedule with open ended questions.

Method of data collection

The methodology adopted for the study was based on (Krueger and Casey, 2000) which stated that a minimum of 10 to 12 homogenous participants to be included in a single group. They further emphasized that the focused group should comprise of the following elements like Format, Age, Size, Length of each session, Number of Sessions, Participants, Nature of setting, Forms of data, Data Collection, Moderator and Documentation Pattern.

The Conative approach given by Mary Goodyear (2013) was used.

Case Study Methodology:

Case Study research is a methodology which can be either a qualitative or quantitative approach. To present the case studies a format described by Brian Budgell (2008), was adopted in which the scheme for the case study presentation was broadly classified into four:

1. Introduction
2. Case Presentation
3. Management and Outcome
4. Discussion

The researcher used Interview technique.

I. Focused Group Discussion:

The following procedure was used to conduct the current investigation in this model:

Introduction – 5 minutes

The participants were welcomed by the researcher and introduction was provided. The whole conversation was outlined by focusing the main goal of the topic that is the effectiveness of psycho-social intervention given for relapse prevention and the criteria used by the researcher to select the participants for the Focus Group Discussion was the recovered patients and relapsed patients. The session covered the general ground rules and the discussion standards’, including the chance of everyone to participate, the need of one person to speak at a time, and the moderator was ready to interrupt to ensure the issue is not deviated. The value of maintain secrecy throughout the conversation was also emphasized by the moderator.

Group Discussion – 35 minutes

Part I:

The Effectiveness of psychological intervention given to relapse prevention among the recovered patients of alcohol or narcotic dependents was discussed. It was found that they fail to accept the emotions and stay alone by neglecting others, and neglect self-care. They have conflicting feelings on drinking and sobering. They say, “*We loss control over our thought*” and so relapse happens. Someone said, “*We undergo psychological distress to stay away from consumption while our friends do*”. So, the reframing technique of Rational Emotive Behavior Therapy had really helped them to overcome such obsessive thoughts to consume and to manage psychological distress. They were enabled to logically dispute such distress to prevent them from relapse. Acceptance based coping intervention had

really prevented inmates from relapse.

Part 2:

The researcher collected the information related to sociological aspect of intervention and treatment in relapse prevention. The relapse patients in de-addiction centre shared the following; the monthly meeting with family members had been a great support for them to get the cooperation

and encouragement of family members in relapse prevention. They say, *"My wife and my children have accepted me and they do not pin point the past life. They don't talk about the past loss or anything bad about me. It helps me to love them more and prevents me from relapse"*. The Narcotics anonymous and alcoholic anonymous group holds them from relapse prevention. Home visits also become a main aspect in having their attendance in NA or AA group along with the monthly meetings. Getting them prepared for the job and increase of job performance had helped them to keep them busy. Such strategy had helped them from relapse prevention. Another inmate said, *"The constant follow up from the de-addiction centre and the relationship with social workers and counselors in the de-addiction centre prevents me from relapse"*.

Group Discussion Result:

As an outcome of the focused group discussion, the reasons and strategies for relapse prevention were shared by the participants. Most of the participants shared the strategy that suited them best for relapse prevention. They face more difficulties in sticking to their consensus after treatment because of the cravings, peer pressure, emotional problems, financial issues and family issues. They are more likely to adopt the psycho-social interventional strategies for relapse prevention and also many new strategies introduced to them during the discussion. They are willing to live a normal life like others in the society without being misjudged or feeling insecure. They were confident enough to cope up with relapse.

Case study: 1

Introduction

Mr. A, male, 34 years old. He studied 10th standard. He worked at Abroad as a lift technician. Both his parents were alive. They were daily wagers. He was the first born in his family. He had 2 younger sisters and 1 younger brother. He had good relationship and interaction with his family members. During school days he had unsatisfied relationship with his teacher. His childhood and adolescent years had been happy memories for him. He got married and had 4 month old boy baby. During his teenage he had lot of peer friends and he wanted to enjoy his life with them. For the enjoyment and seeking pleasure he started consuming alcohol and other substance like cannabis, tobacco, heroin and smoking with his friends it gradually increased day by day. After it got increased, With the advice of his parents, he himself realised and got admitted

to de-addiction centre voluntarily. Then after discharge he got relapsed and again got admitted. Relapse prevention strategies helped him to find out the early warning signs and triggers.

Case presentation

With reference to the data presented in the qualitative report, there were many questions to be answered as to be the reason Mr.A started consuming alcohol and he stated that *"Now I want to get completely rid of all substances and want to lead a happy life with my wife and son. I also feel guilty for my past actions"*. Mr.A started consuming alcohol from 2004. Later he started usage of other substance in the compulsion of his friends while going to tour with them. In 2017, he got first time admitted in de-addiction centre voluntarily. After the treatment process he stopped all substance for four and half years. Then later due to peer pressure and compulsion, he again consumed alcohol. After that, in 2021, second time he got admitted to de-addiction centre and took treatment. In 2023, from suggestion of his wife he again got admitted in de-addiction. He felt that consuming alcohol gives him a peace of mind and also able to feel free from all other stress. But at de-addiction centre, he realized and he wanted to get rid of alcohol.

Management

Though this case study was undertaken to explain the reason for relapsing frequently and the preventing strategies that should be focused on, the case study highlighted that the peer groups plays a vital role in individuals consuming alcohol. Mr.A wants to get free from all kind of substances. Due to peer pressure and frustrations he couldn't get out of it. His normal life was affected and he needed to understand relapse prevention.

Discussion

Based on the presented case study, it was revealed that Mr.A wanted to prioritize his family life and his parents. He felt guilty for all his past actions. He made generalized statement that he should respect others feelings and give importance to his family members. The study found that to help prevent relapse for Mr.A, he might incorporate a wide variety of relapse prevention strategies into their everyday practice. It's a frequent fallacy that relapse prevention techniques like reframing technique of Rational Emotive Behaviour Therapy, Logical debating must only be applied when he is obsessed with alcohol consumption thought. To avoid or lessen the likelihood of cravings, each recovering individual should incorporate relapse prevention techniques into their daily plan.

Case study 2

Introduction

Mr. B, Male, 24 years old, had completed 12th standard at Ramnad. Two years back he had discontinued his B.L., course. He came to Madurai district from Ramnad for his educational purpose. He also worked at law office for gaining professional knowledge. Both of his parents were alive. His father was a fisherman and his mother a home maker. He was the first born in his family. He has 2 younger sisters. They were in nuclear family set up. During his college days, he met with an accident and had fractured his right leg. He used to consume alcohol for entertainment. Then in the suggestion of his friends he started using cool lip (tobacco). When he came to Madurai, he had stayed with his friends and the consumption of alcohol had gradually increased. He said *"I had nobody to question me"*. Then he behaved very aggressive. so he came for de-addiction

treatment. Then after discharge he again got admitted for treatment. Later, by prioritizing relapse prevention techniques, it enabled him to have the knowledge and resources he needed to continue on the path to long – term recovery.

Case presentation

With reference to the data presented in the qualitative report, there were many questions to know the reasons for Mr.B started consuming alcohol and stated that *“Now I want to get completely rid of all substances and want to lead a happy life with my family members. I need to continue my law course and become a lawyer and make my parents to feel proud. I also feel guilty and shame for my past actions”*. Mr.B started consuming alcohol from 2017 because of the cravings and own interest he tried with his friends. At initial period he started as a social drinker then it changes to regular. While consuming alcohol he felt happy and he stated that it gave him more peace of mind and pleasure. In 2019, he came to Madurai and stayed in hostel with his friends during this period of time consumption of alcohol becomes twice a week. Then because of his addiction he had discontinued his college and started consuming alcohol for full day. Then, in 2021, by the advice of his uncle who took more care on his career and life, he got admitted in de-addiction centre voluntarily and took treatment. After discharge he was not stable in his mind and had lack of self-control. Over a certain period of time it gradually increased. Then he himself wanted to get out from this addiction so consulting with his family he again admitted at de- addiction centre at 2023. There was one and half years gap between first and second admission. Now, Mr.B completely realised his mistake and wanted to be achieve in his career.

Management

Mr.B found it helpful to encourage him to compare his behavior to the past relapses and see if his self care was worsening or improving. The switch from emotional to mental relapse was not random; rather, it is the inevitable result of sustained self-care. Mr.B who practiced poor self- care and endured emotional relapse over an extended period of time, eventually began to feel uneasy about him. He started to get antsy, snappy, and unhappy. As his anxiety increases, he began to cope up with it.

Discussion

Based on the presented case study, it revealed that Mr.B wanted to encompasses all the steps on his journey to achieve his professional goals. He accepted that his first interest was his family and making his family a top priority will invariably bring success towards him. He stated that *“I am responsible for all my actions, now after discharge I have to prove myself before everyone”*. Due to his low self- efficacy and lack of self motivation or ambivalence to positive change, he couldn't resist relapse. But the relapse prevention techniques provided at the de- addiction centre was useful for him. Utilizing experiential learning strategies could increase self- awareness, lessen defensiveness, and promote behaviour change while making learning more active.

FINDINGS AND SUGGESTIONS

Relapse has been a common issue among people with addiction;

if not found earlier and intervened it may lead to psychic disorders. The continuous consumption of alcohol or other drugs may lead to health issues and also affect psychologically. It also develops negative feelings such as anger, depression or anxiety, etc. When there is a relapse the people gets struggled with moodiness, irritability, loneliness, and guilt built in them. They lack in self-grooming and self- confidence. The already existing strategies to prevent relapse was helpful for some inmates and also they found it well enough to prevent them from relapse. But for some other inmates, further more psycho social strategies were introduced which are not used for them like handling psychological distress and obsessed thoughts, logical debating of REBT, avoiding, self care and keeping busy with work, family members attending monthly meetings, recovered inmate participating in NA or AA.

The suggestions are to make up the mind to be more open and accept other's point of view and to develop new habits or hobbies to keep themselves busy. If there is a developing urge or stress, then it is said to be noted by the counsellors and social workers to provide counselling for the persons in need. If the signs are out of control, a psychiatrist can be referred to the person. By applying casework and group work with the individual and family, one can find the causes of stress and help them to cope up in a positive way.

CONCLUSION

Most of the patients were from relapse and is in treatment process in de-addiction centre. In some cases, family stress and peer pressure is the main reason for relapse and is also affected by psychological, physical, behavioural factors. The coping strategies were not followed by them properly when they are outside and now, it is being corrected by the social worker and the counsellor by administering them to assess new strategies for relapse prevention. The way of handling the patients are now way easier as they are ready to face the outer world in a positive way. They are ready to solve their problems and making proper decision by their own and not getting distracted by other pressure given to them by their family and society.

REFERENCES

1. <https://www.asam.org/quality-care/definition-of-addiction>
2. <https://www.ashleytreatment.org/rehab-blog/early-relapse-warning-signs/#:~:text=Increasing%20symptoms%20of%20anxiety%20or,anxiety%2C%20often%20precede%20a%20relapse>
3. [https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reducing-relapse-risk.asp#:~:text=Poor%20sleep%2C%20tension%20\(stress\),a%20healthy%20lifestyle%20in%20recovery](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reducing-relapse-risk.asp#:~:text=Poor%20sleep%2C%20tension%20(stress),a%20healthy%20lifestyle%20in%20recovery)
4. <https://www.healthhub.sg/live-healthy/1812/say-hello-to-4ds-and-goodbye-to-smoking#:~:text=What%20can%20you%20do%20to,deep%20breathing%2C%20and%20drinking%20water>
5. <https://pubs.niaaa.nih.gov/publications/arh23-2/151-160.pdf>
6. <http://dhhr.wv.gov/bhhf/Documents/MAT%202017/M114%20Relapse%20Prevention%20Plan.pdf>
7. <https://www.promises.com/addiction-blog/relapse-prevention-recovery/>
8. Carroll, K. M. (1997). Relapse prevention as a psychosocial treatment: A review of controlled clinical trials. Addictive

- behaviors: Readings on etiology, prevention, and treatment, American Psychological Association, 697–717. <https://doi.org/10.1037/10248-027>
9. Hufford, M. R., Witkiewitz, K., Shields, A. L., Kodya, S., & Caruso, J. C. (2003). Relapse as a nonlinear dynamic system: Application to patients with alcohol use disorders. *Journal of Abnormal Psychology*, 112(2), 219–227. <https://doi.org/10.1037/0021-843X.112.2.219>
 10. Katharina Engel and others, The Role of Psychological Distress in Relapse Prevention of Alcohol Addiction. Can High Scores on the SCL-90-R Predict Alcohol Relapse, *Alcohol and Alcoholism*, 51(1), 2016, 27–31, <https://doi.org/10.1093/alcalc/agv062>
 11. Vieten C, Astin JA, Buscemi R, Galloway GP. Development of an Acceptance-Based Coping Intervention for Alcohol Dependence Relapse Prevention. *Substance Abuse*. 2010;31(2):108-116. doi:10.1080/08897071003641594